

### Details of visit

Littlefair Care Home, East Grinstead  
Visited on 3 October 2016

### Authorised Representatives:

Viv Nutall and Liz Smith

### Local Healthwatch contact details:

Healthwatch West Sussex  
0300 012 0122

## Acknowledgements

Healthwatch West Sussex would like to thank the home owner and management, residents, visitors and staff for their contribution to the Enter and View programme.

## Disclaimer

Please note this report relates to findings observed on the specific dates set out above. Our report is not a representative portrayal of the experiences of all resident and staff, only an account of what was observed and contributed during the visits.



## What is Enter and View?

Part of the local Healthwatch programme is to carry out Enter and View visits. Local Healthwatch representatives carry out these visits to health and social care services to find out how they are being run and make recommendations where there are areas for improvement. The Health and Social Care Act allows local Healthwatch authorised representatives to observe service delivery and talk to service users, their families and carers on premises such as hospitals, residential homes, GP practices, dental surgeries, optometrists and pharmacies. Enter and View visits can happen if people tell us there is a problem with a service but, equally, they can occur when services have a good reputation - so we can learn about and share examples of what they do well from the perspective of people who experience the service first hand.

Healthwatch Enter and Views are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit they are reported in accordance with Healthwatch safeguarding policies. If at any time an authorised representative observes anything that they feel uncomfortable about they need to inform their lead who will inform the service manager, ending the visit.

In addition, if any member of staff wishes to raise a safeguarding issue about their employer they will be directed to the CQC where they are protected by legislation if they raise a concern.



## Purpose of the visits

As part of our planned activities during our Listening and Networking Tour of East Grinstead we included visits to residential care homes, as this is a priority for Healthwatch West Sussex. These enter & view visits look at the *social quality of life* in local residential homes.

## Strategic drivers

This work builds on the earlier work Healthwatch West Sussex did in supporting the development of complaints and feedback processes within care homes throughout West Sussex. Through having a specific focus, on residents' social quality of life, the strategic aim is to demonstrate what good looks like to residents and through our observations, and to recognise when there are opportunities to improve on this aspect of residents' home life.

## Methodology

A number of Key Criteria have been identified (through local insight, relevant literature and established assessment systems and tools) in order to evaluate whether residents feel:

- able to pursue a range of hobbies, skills and interests
- connected to people who matter to them, and where possible to the local community
- that they 'belong' within the home
- in control of their lives, as far as possible
- that meal times are a positive experience which supports social participation.

The home was visited by Jo Tuck, our Community & Involvement Lead (for volunteering) and given details of the visit and a timeframe for this visit but not an actual date. Advertising material and information about Healthwatch was left with the home.

On the day of the visit the [Authorised Representatives](#) checked with the provider who they could and should not approach due to concerns around capacity to participate. As well as letting those they spoke to know they did not have to speak to them.

During the visit we spoke to quite a few of the residents in the lounges, dining room and in their rooms (when invited to do so). We interviewed Yana, the Acting Manager, and spoke informally to several members of staff. We only saw one visitor, who introduced us to, and encouraged us to speak to, their relative.

We used prompt sheets to guide the discussions and our observations, which were recorded on a summary sheet. A debriefing discussion took place after the visit to consider the information and to identify recommendations.



## Summary of findings

- There was evidence of a programme of activities put on by the home but there lacks normal and routine stimulation (such as taking part in washing up or going out for coffee)
- Ways of communicating with people outside the home were available, and the residents we spoke to, had frequent visitors and went out with their friends and family
- Dining arrangements meant some residents were sat at a table waiting 30 minutes before being served any food
- Residents had meal choices and could have off the menu food but only one portion sizes was served
- Residents who were not able to be independent in their bathing/showering expressed concern over not having access to this more often

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## Results of Visit

We were told this home has recently undergone significant changes in its ownership and management and there seemed to be a genuine desire to get things right for the resident and staff.

The home is registered with the quality inspector, Care Quality Commission (CQC) as “accommodation for persons who require nursing or personal care, Physical disabilities, Sensory impairments, Caring for adults over 65 years”. However, it was clear there were residents living with dementia at the homes as well. The CQC had just published its [inspection](#) report on this home and rated it as ‘*Requires Improvement*’ a few days before our visit.

### Activities and Interests

We saw activities going on, include armchair Zumba on the TV and manicures taking place. Activities were clearly publicised and there was information on all the dining tables.

Residents spoke about activities the home had provided including a visit by a Shetland Pony and birds of prey. However, organised outings to the local community appeared to be infrequent and resident told us about some being cancelled. For example we were told that people had got on a local minibus for an outing, only to discover there were not enough seatbelt, so all had lost out on the trip.

Many of the residents state they were very happy sitting in their rooms to watch TV or read quietly. The rooms we saw we felt were light and pleasant enough to enjoy sitting in.

One resident reflected that they get ‘*fed up*’ with their family telling them to join in more, when they don’t want to. They did say they know they just want to help.

We observed a resident sitting with a jigsaw puzzle (with only five pieces to be fitting) in front of them at the start of our visit. During the visit we observed one of the staff going through a picture book with the resident saying ‘*car*’, ‘*man*’, with little time or any encourage for the person to engage in this activity. This person was still sat in front of the puzzle at the end of the visit, some 3 hours later. This would suggest the home could benefit from introducing dementia champions to support others to gain a greater understanding of how to interact with residents living with dementia.

Talking to residents produced several comments that suggested they lacked the stimulus of going out. There did not appear to be routine, or normal life activities taking place within the home, such as washing-up, trips to the local shops or out for coffee.

*They (the home) are kind to me and I must not grumble... I just wish I could go out and not have to wait until my daughter comes.*

*I like to go to my church and if I ask them (church) to pick me up they will do so. That is very important in my life.*

One of the reasons staff gave for this, was that there was a long walkway to exit the home and people needed support to get out and the home does not have enough staff for this.

The desire for routine activities can be seen in the *Minutes or Residents Meeting (26<sup>th</sup> September)*. One resident “asked if she would be able to help Oren make a soup using her own recipe, Oren will find out about the logistics of this.”

### Being in touch with other people

All the residents we spoke to had frequent visitors and go out with friends and family, with some people actively pursuing their previously enjoyed interests outside the home but only when family members took them out.

Wi-Fi was available to residents but there was a suggestion this was not reliable and strong enough to allow for Skype or Facetime. There are landlines that can be rented on a monthly basis so people can make private calls.

### Belonging

On the whole, residents said they felt happy and secure. One stating that “*You can never get used to one room after living in a three-bed house with a garden but it’s OK*”.

Everyone that we spoke to said that they could, and did, complain if they wanted to, and that they felt they would be listened too by the staff/management.

The layout of the chairs in the lounge, e.g. two rows, did not seem to provide people with the opportunity to talk and socialise generally.

### Dining

We would like to thank the home for letting us eat with the residents and would compliment the staff on what was a tasty meal.

We observed people being escorted in to the dining room and then waiting 30 minutes at the table without their lunch, whilst other residents were brought into the room. One of the reasons for the delay was, we were told, due to removing the walking aids from the dining room (and stacking them in a small corridor), as this was agreed at the residents meeting. There is a plan to build a storage area. We were also told they do give the residents’ time to wash their hands but we did not see this during our visit.

There appears to be a good choice, including off the menu options. However, residents had mixed reactions this, with some loving the food and some hating it but without being able to give details. However, we did observe that everyone was given the same large sized portion, which could be overwhelming to some people.



Fresh fruit was available in the dining room but many of the residents could not access this independently if they were not in the dining room.

We were told ice lollies were given out in hot weather to increase fluid intake and these were very popular with the residents.

### **Additional findings**

We were told by some residents that they only had access to a bath/shower once a week and that they felt they should not have to question this routine. This is of concern as we were advised that a third of residents had health complications that would suggest the need for additional hygiene care.

We observed personal spaces and other areas '*cluttered*' with medical consumables (tops of drawers filled with disposal incontinence items), which we were told have been left there by the district nurses. Wheelchairs and walkers were left around the home in areas you would not expect to see them.

### **Recommendations**

This report has highlighted some areas where the home could improve on the social quality of the residents' lives and we would be willing to support the new owner, manager and staff to find ways of exploring how to offering greater routine activities and other initiatives. We did note in the minutes that the home will be welcoming two volunteers in the near future to support Hannah.

We would make the following recommendations:

- Carry out a review the dining arrangements with a view to reducing the length of time people are sitting at dining tables without access to their meal.
- Look at the *Care UK Eating as We Age Guide* that gives useful information around nutrition with the aim of upskilling staff so that residents are offered choice over portion size or to look at different ways of serving food, such as adding fresh fruit to the tea trolley, offering smoothies or juice with this.
- Look at the availability of staff providing bathing/showering support to give residents more regular access to this hygiene care.
- Staff to look at the way medical consumables and mobility equipment are stored and work with both the residents and other professionals to make the environment less cluttered and more '*homely*'.

